

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90042 029 ****50.00

DOCUMENT # L02000029643 1. Entity Name R & R ENTERPRISES, LIMITED LIABILITY COMPANY					
Principal Place of Business 550 PORT-O-CALL WAY NAPLES, FL 34102			Mailing Address 4710 7TH AVE. N.W. NAPLES, FL 34119		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3400 TAMiami TRAIL N. # 202 Naples, FL 34103 USA			
4. FEI Number 05-0539844		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ, RENE 4710 7TH AVE. N.W. NAPLES, FL 34119			7. Name and Address of New Registered Agent Name DIANA GURGES Street Address (P.O. Box Number is Not Acceptable) 3400 TAMiami TRAIL N. #202 City Naples FL Zip Code 34103		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Diana Gurses</i></u> DATE 7-6-05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, RENE 4710 7TH AVE. N.W. NAPLES, FL 34119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 580 3rd ST. N.W. Naples, FL. 34120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Rene Rodriguez</i></u>			Date 7-7-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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